

**Minnesota Board of Firefighter Training and Education
Request for Reimbursement form**

Name: _____
Title/Position: _____
Fire Department: _____
Street Address: _____
City, State, Zip: _____
Award amount: \$ _____

Fire Departments must complete and return this form to receive the reimbursement award:

I certify that the items for which this reimbursement request is made in the amount of \$_____ has been paid for by the municipality on behalf of the _____ Fire Department. There were no federal grant or other grant dollars used to pay for the training in which we are seeking reimbursement from the Minnesota Board of Firefighter Training and Education.

Remember to include:

- Copies of invoices (copies of paid receipts are no longer required)
- Documentation of usual and customary backfill and overtime expenses affiliated with the training (if applicable)
- Please confirm your Federal Tax ID number is correct (if not shown, please provide)

Your Fire Department's Request for Reimbursement Form(s) and copies of all invoices must be submitted by August 1, 2015.

Note: MBFTE encourages fire departments to submit their requests for reimbursements throughout the State's fiscal year 2015 (July 1, 2014-June 30, 2015).

Federal Tax Identification Number: _____

State Vendor Number: _____

Signature of Municipality Finance Director/Clerk/Treasurer: _____

Title: _____

Date: _____ Contact phone # _____

Send request to: MBFTE, 445 Minnesota Street, Suite 146, Saint Paul, MN 55101

To be completed by MN Board of Firefighter Training and Education (MBFTE)

MBFTE Executive Director's Signature: _____

Award Amount paid: \$_____ Date: _____